

Mental Health & Substance Abuse Working Committee
Summary Notes
October 21, 2003 & November 13, 2003

I. Purpose of Working Committee

The purpose of the Working Committee is to analyze, discuss and make a recommendation to the full Mental Health & Substance Abuse Workgroup regarding potential options for including mental health and substance abuse populations in LTCIP. Any stakeholder is welcome to participate in the committee meetings, but voting rights (for the purpose of consensus development) are reserved for appointed members only. All appointed members are asked to look beyond their own individual agencies and/or personal preferences to represent a more expansive group of providers or consumers/consumer advocates, ensuring that all community stakeholder interests are recognized.

II. Issues that need to be addressed

The Working Committee has identified the following issues that require further discussion and explanation in order for the group to be able to make a recommendation to the larger Mental Health & Substance Abuse Workgroup by February 2004:

- Schedule additional meetings to help members better understand the vision and process-to-date of LTCIP
- Un-represented categories (South County Mental Health Providers and Residential Care Providers)
- System description of envisioned LTCIP (operating agency, provider network development-new vs. existing services, target populations and phase-in strategies, funding)
- Role of County in LTCIP (i.e., Aging & Independence Services & County Mental Health)
- Role/authority of care management team members (primary care physician, care manager, specialist/psychiatrist, other professionals involved)
- Target populations: differentiate MH/SA needs & services for younger disabled (18-64 years old) vs. elderly (65+)
- Current Medi-Cal managed care system under Healthy San Diego (HSD) and the Memorandum of Understanding (MOU) for specialty mental health services
- Define/clarify MH/SA options to-date:
 - Do not include population with primary mental health/substance abuse diagnosis.
 - Include population with primary MH &/or SA dx, refer to existing system for specialty services (like HSD)
 - Include population w/primary MH & SA dx, and provide all services within system
- Relationship of MH/SA options identified to-date and the three LTCIP strategies (Network of Care, Physician Strategy, and Health Plan Pilots)
- Overlap between developmental disabilities population and mental health/substance abuse populations
- Retaining & recruiting qualified Medi-Cal physicians & care managers to serve the elderly and disabled
- Homelessness and limited housing options for aggressive mentally ill clients
- Need for improved medication management for mentally ill population
- Need for more consumer representation at table

III. Next Steps & Future Meetings

- Based on the need for more time and discussion to understand the vision and process to-date of the LTCIP, **the November 19, 2003 mental health & substance abuse meeting has been changed from a full workgroup meeting to a committee meeting for the smaller sub-group. The meeting will be held at the same time and location (4-5:30 PM at Point Loma Nazarene University (PLNU) - Mission Valley, 4007 Camino Del Rio South, Room 204, San Diego, CA 92108).**
- The smaller working committee will provide the full Mental Health & Substance Abuse Workgroup with a status report at **the re-scheduled full workgroup meeting on January 7, 2004 from 4:00 to 5:30 at PLNU.**